

HELICOBACTER PYLORI V1.1

Comments from the Expert Advisory Group

Diagnosis of *H. pylori* infection

- All patients with symptoms related to the upper gastrointestinal tract should be tested for *H. pylori*.
- Non-invasive testing is recommended in situations where there is a low risk of the patient having gastric cancer, such as those up to 45 years and without alarm symptoms (such as weight loss, dysphagia, overt gastrointestinal bleeding, abdominal mass or iron-deficient anaemia).
- Non-invasive tests include:
 - Urea breath test (UBT): recommended non-invasive test of choice, where available
 - Faecal antigen testing: less sensitive than UBT but with high specificity. Can be performed if UBT not available.
 - *H. pylori* serology: less sensitive and specific. Perform only if UBT or faecal antigen testing is unavailable.
- For patients over 45 years or with alarm symptoms, endoscopy is recommended.
- PPIs should be avoided two weeks before any testing is performed as they may increase the risk of a false negative result.
- Antimicrobials should also be avoided for four weeks before testing.

Post eradication testing

- Must be performed at least eight weeks following completion of therapy.
- If gastroscopy is not required, a urea breath test is recommended.
- The stool antigen test may be used as an alternative, but is less accurate.
- Serology testing is not recommended for eradication confirmation as antibodies may persist for months following eradication.

Failure of first line regimen

- In cases where first line regimen has failed to eradicate infection, a different treatment regimen should be used as second line.
- Post-eradication testing is recommended (as above).
- If the patient cannot take a second line regimen due to e.g. allergy consider referral to gastroenterology service for endoscopy with culture and antimicrobial susceptibility testing to tailor therapy.

Failure of second line regimen

- Refer to gastroenterology service for endoscopy with culture and antimicrobial susceptibility testing to tailor therapy and increase the likelihood of eradication success.

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Treatment

HELICOBACTER PYLORI TREATMENT TABLE			
Drug	Dose	Duration	Notes
1st choice options:			
<u>Clarithromycin-based triple therapy</u>			
PPI PLUS Clarithromycin PLUS Amoxicillin	Every 12 hours 500 mg every 12 hours 1 g every 12 hours	14 days	
OR			
<u>Bismuth quadruple therapy (if available):</u>			
Consider bismuth regimen first line if: <ul style="list-style-type: none"> • Allergy to first line antibiotic(s) • Patient has received clarithromycin in the past year 			
PPI PLUS Bismuth subcitrate PLUS Metronidazole PLUS Doxycycline	Every 12 hours 120 mg every 6 hours 400 mg every 8 hours 100 mg every 12 hours	14 days	<i>Please check with Community Pharmacist for further information re. availability of bismuth products and reimbursement status.</i>
2nd choice options:			
Second-line therapy depends on the first-line therapy and should not be the same treatment. The options are: <ul style="list-style-type: none"> • Clarithromycin-based triple therapy for 14 days • Bismuth quadruple therapy for 14 days • Levofloxacin-based triple therapy for 14 days 			
<u>Clarithromycin-based triple therapy (for penicillin allergy)</u>			
PPI PLUS Clarithromycin PLUS Metronidazole	Every 12 hours 500 mg every 12 hours 400 mg every 12 hours	14 days	
OR			
<u>Levofloxacin-based triple therapy:</u>			
<ul style="list-style-type: none"> • Should be reserved for second line, in the case of failed eradication 			
PPI PLUS Levofloxacin PLUS Amoxicillin	Every 12 hours 250 mg every 12 hours 1 g every 12 hours	14 days	